

Maine State Harness Racing Commission

28 State House Station Augusta, Maine 04333-0028

Phone: 207-287-3221 Fax: 207-287-7548



OWNER DRIVER TRAINER LICENSE APPLICATION

Applications must be printed or typed in blue or black ink. All questions must be answered.

| Check the TYP | | New Lice | Renewal | | | | | | | | | | | | | | |
|--|---------|--------------|---------|-----------------|-------------------|-----------------|------------|--------------|-----------|-------|-----------|---------|---------|-------|-------|------|------|
| Section 1. App | lican | t Info | rma | tion | | | | | | | | | | | | | |
| USTA Membership | No.: | | | | | Check | k USTA | Driver Ty | /pe: | | Α | F | Р | | Q | | ٧ |
| ME/USTA Trainer | Туре: | C | } | L | | ME Driver Type: | | | | | | | | | | | |
| Applicant Name: | | | | | | | | Date o | f Birth: | | | | | | | | |
| Mail Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | Zi | p: | | | | | | | |
| Home Phone: | | | | | | | Fax: | | | | | | | | | | |
| Work Phone: | | | | | | | Email: | | | | | | | | | | |
| Gender: | | | ı | Hair Color: | | Eye | Color: | | Heig | ght: | | | Weig | ght: | | | |
| Answer Y (Yes) or N (No) and provide corresponding detail where appropriate: | | | | | | | | | | | | | | | | | |
| 1. Do you have the financial ability to pay all bills incurred by you within the State of Maine in the care and maintenance of | | | | | | | | | | | | | | | | | |
| horses owned and /or trained by you? | | | | | | | | | | | | | | | | | |
| 2. Are you licensed in another state(s)? If YES, where? | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 3. Have you ever been suspended or otherwise barred by any recognized racing authority and/or racetrack in the U.S. or elsewhere? | | | | | | | | | | | | | | | | | |
| | | | | | | YES, who | | | | | | | | | | | |
| 4. Have you be | | icted o | con | icted of a cri | | minal cor | mplaint b | | - | | | | | | | | |
| Where (State | e)? | | | | Date: | | | At | tach app | ropi | riate pa | perwor | K. | | | | |
| For each conviction | descri | bed ab | ove, a | a certified co | by of the court c | complain | t, includi | ng indictm | ent and / | or c | ertified | сору о | f the c | dispo | sitio | n m | nust |
| be attached to the a | oplicat | ion. If p | aper | s are not atta | ached, your app | lication v | vill be co | onsidered ii | ncomple | te ar | nd will r | ot be p | roces | sed. | | | |
| Owners ONLY: You | ı must | attach | pro | of of liability | insurance in t | the amo | unt of \$3 | 300,000 oı | more b | efor | re a lice | ense w | ill be | issu | ıed. | | |
| Drivers ONLY: Vision Requirement – New applicants must submit a copy of their eye exam. If you have not submitted an eye exam since 2004, you must do so before a license will be issued. | | | | | | | | | | | | | | е | | | |
| I hereby authorize | | | | | | | | | | | | | | | | | |
| appropriate agenc knowledge and be | | swear | or af | firm that the | information c | ontaine | ed in this | applicati | on is tru | ıe a | nd acc | urate t | o the | bes | st of | my | 1 |
| Knowledge and be | iici. | | | | | | | | | | | | | | | | |
| | ure | | | | | Date | e Si | gned | | | | | | | | | |
| Applicant Signature Date Signed Section 2: Fees Check Appropriate Box (es) | | | | | | | | | | | | | | | | | |
| Owner (\$35) | | | | Limited Tr | ainer (\$35) | | Owner | ·/Trainer | (\$60) | | Driv | er /Tra | ainer | (\$60 | D) | | |
| Trainer (\$35) | | | | Driver (\$3 | | | | ·/Driver (\$ | | | _ | er /Dri | | | | \$90 |)) |
| , | as mi | ist acc | omn: | , , , | , | ust ha m | | • | , | ure | | | | | | Ψ | , |
| License fees must accompany application. Checks must be made payable to: Treasurer, State of Maine Total of ALL License Fees: | | | | | | | | | | | | | | | | | |
| NOTICE: Any f | alsa | writt | on c | stataman | te made by | the u | | | | | | | acai: | VA. | 2 n | uh | lic |
| servant in the | | | | | | | | | | | | | | | | | |
| liabilities unde | r 17- | A MR | SA 4 | 453 1.B. (| 1). | | • | | | | | | | | | | |
| | | | | | OFFICI | E USE | ONLY | | | | | | | | | | |
| Date Received: | | | | | | - | Check # | | | | | | | | | | |
| Application: | | Approv | /ed | Rejecte | ed Return | | | eceipt #: | | | | | | | | | |
| Current License: | | ·I- I- · · · | | 1 10,000 | | | Credit C | | | | | | | | | | |
| Comments: | | | | | | | Credit T | | | | MC | | | | VIS | SA | |
| | | | | | | | | on Date: | | | | | | | | ··· | |
| | | | | | | | | Date. | | | | | | | | | |